Department of Medical Assistance Services
600 East Broad Street
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https://dmas.virginia.gov
MEDICAID MEMO

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Electronic Pre-Admission Screening (ePAS) Process

This Memorandum is to inform hospitals, local departments of health, and local departments of social services who perform pre-admission screenings of program enhancements and revised requirements. Beginning May 1, 2015 through June 30, 2015, the DMAS automated electronic Pre-Admission Screening (ePAS) process will have a two-month "soft-rollout" for voluntary usage. Requests for pre- admission screenings completed with effective dates of service on or after July 1, 2015 shall be required to use ePAS for submission and claims processing of these screenings. Instructions regarding the submission via alternative electronic formats are described in the PAS Computer Based Training (CBT) User Guide at www.virginiamedicaid.dmas.virginia.gov. For the purposes of the Memorandum, ePAS will refer to all types of electronically submitted documents whether through the DMAS system, PeerPlace or any other DMAS vendor.

DMAS WebEx meetings are underway on a bi-monthly basis and are hosted in collaboration with the Virginia Department of Health (VDH) and the Department for Aging and Rehabilitative Services (DARS) to provide information to local department of social services and department of health staff performing pre-admission screenings, and to gather information from screeners regarding existing barriers to timely screenings as well as best practices.

Overview

House Bill 702 from the 2014 Session of the Virginia General Assembly required that pre-admission screenings be completed within 30 days of the initial request (*Code of Virginia* §32.1-330). The 2015 Virginia General Assembly strengthened this requirement by enacting budget language, Item 301 #11c, directing the Department to:

- Contract Pre-Admission Screenings for children;
- Track and monitor all requests for Pre-Admission Screenings;
- Report on screenings not completed within 30 days;
- Establish tracking and reimbursement mechanisms;

- Require Pre-Admission Screening teams and contractors to use the tracking and reimbursement mechanisms established by DMAS;
- Report progress by December 1, 2015 to the Chairmen of the Senate Finance and House Appropriations Committees;
- Promulgate necessary regulations; and

- Provides the option to implement changes prior to the promulgation of regulations.

The Office of the Secretary of Health and Human Resources (OSHHR) has defined the overall goals for Pre-Admission Screening program enhancements that include:

- Reducing Pre-Admission Screening processing time;
- Identifying and making necessary business processes changes;
- Working within the current law; and,
- Remaining budget neutral.

To accomplish these overall goals, and under the leadership of OSHHR, DMAS is collaborating with VDH and DARS to implement ePAS as the cornerstone for enhancements to Virginia's Pre-Admission Screening process.

Implementation of ePAS

As described in the Medicaid Memo issued January 9, 2015, DMAS, through its contractor Xerox, developed and tested a web portal that streamlines submission and payment for Pre-Admission Screening activities. There will be no change in the process used in communities and hospitals to conduct screenings. Screeners will continue to assess and document on the required forms all information necessary to determine an individual's functional eligibility for Medicaid long-term care (LTC) services. ePAS will have the capacity to upload fillable UAI and other Pre-Admission Screening forms. Teams may also access ePAS via the Internet and enter the information directly into the system while the screening is being conducted. Community and hospital teams will no longer mail

completed Pre- Admission Screening forms to Xerox.

Implementation of ePAS does not impact the determinations made for financial coverage for Medicaid services. DMAS is not making any changes related to financial coverage determinations.

DMAS will make ePAS available to all entities performing Pre-Admission Screenings effective May 1, 2015 for voluntary use through June 30, 2015. **Requests for screenings completed with effective dates of service on or after July 1, 2015 shall be required to use ePAS for submission and claims processing.** Use of ePAS will enable the DMAS to track and monitor requests and timeliness of screenings performed as well as generate a claim for payment to the hospital or public health office associated with the individual's pre-admission screenings. Local departments of social services (LDSS) offices utilize random moment sampling; therefore, no claim is generated.

When the Pre-Admission Screening team, acute care hospital, or contractor determines an individual meets criteria for Medicaid LTC services, the **paper** Pre-Admission Screening forms should continue to be sent to the appropriate LTC provider selected by the individual for individuals with traditional fee-for- service Medicaid or the appropriate Medicare-Medicaid Plan (MMP) for individuals enrolled in the Commonwealth Coordinated Care Program (CCC). ePAS allows teams to print paper copies of all Pre-Admission Screening forms, when required. The selected LTC provider of MMP will continue to assess and develop a plan of care for the individual and submit the appropriate forms for program enrollment. For waiver enrollment and the Program of All Inclusive Care for the Elderly (PACE), the service provider must submit the appropriate documentation to the appropriate authorization entity. **This process will not**

change as a result of ePAS. If the PAS community team or acute care hospital screener determines that the individual does not meet criteria, notice must be sent to the individual as required by the DMAS Pre- Admission Screening Provider Manual. The notice must include appeal rights and information in the event the individual wishes to appeal the decision regarding the denial.

Accessing the DMAS Provider Web Portal

DMAS, through its contractor Xerox, developed and tested a Provider Web Portal that streamlines submission and payment for Pre-Admission Screening activities. Acute care hospitals and community Pre-Admission Screening teams will have access to the secure interactive features of the Provider Web Portal including:

- Claims Status Inquiry
- Claim submission of professional, institutional and crossover claims
- Member Eligibility, Co-Pay Amounts and Service Limits
- Service Authorization Log and Pharmacy Web PA Request
- Provider Payment History
- Provider Profile Maintenance
- Remittance Advice Messages
- Level of Care Review Instrument
- Automated Provider Enrollment
- Pre-Admission Screening

In order to take advantage of the web portal and its functions, users will have access to the training described below and agree to the security structure described in the PAS Computer Based Training (CBT) User Guide.

Process for acute care hospitals:

Hospitals desiring to use the automated PAS data entry process will need to complete the registration process (if they have not done so already) by determining a "Primary Account Holder" for accessing the web portal. They can also designate an optional "Organizational Administrator". The Primary Account Holders and/or Organizational Administrator(s) will be able to specify the "authorized users" for access if not already designated for accessing the web portal. Please refer to the attached "Quick Reference Guide for Establishing a Provider Organization" for additional information regarding set up of accounts. (Attachment A)

Process for LDSS and local VDH offices:

DMAS' contractor, Xerox, will serve as the "Primary Account Holder" for enrolling community based "authorized users" for access to ePAS. Administrators of LDSS and VDH local offices will need to identify the staff in their respective organizations requiring access to ePAS. DMAS will provide an "enrollment spreadsheet" to VDH and DARS central office staff; VDH and DARS have agreed to communicate with their local office counterparts regarding instructions and timeframes for providing this information to Xerox.

Training for Individual Users of ePAS

DMAS will provide training opportunities for providers to familiarize them with the new portal entry system. These training opportunities include:

1. Pre-Admission Screening CBT, User Guide, and Frequently asked Questions (FAQs) all are available on the Virginia Medicaid Provider Web Portal located at https://www.virginiamedicaid.dmas.virginia.gov/wps/portal. Connect by selecting "Preadmission Screening" under the "Provider Resources" tab.

2. Questions may also be submitted through the DMAS web site at: dmasinfo@dmas.virginia.gov

3. Ongoing support is available at the DMAS "HELPLINE."

These trainings will remain on the DMAS Web Portal for new providers and follow-up viewing: http://www.dmas.virginia.gov/Content_pgs/ln-ltc.aspx

Pre-Admission Screening (PAS) Provider Manual

The DMAS provider manual is being revised to include information regarding changes for the no cost electronic process for data entry and submission of pre-admission screening documents.

This Medicaid Memorandum will serve as policy and guidance until the updated manual is available to PAS teams.

General Questions Regarding Pre-admission Screenings:

General inquiries related to pre-admission screenings should continue to be directed to: Health Districts:

PAS Medical Processes

Dr. Joanne Wakeham, RN,
Ph.D. Department of
Health

109 Governor Street

Richmond, VA 23219

804-864-7017

Joanne.Wakeham@vdh.virginia.gov

PAS Business
Processes William
(Bill) Edmunds

Director of Process & Evaluation
Oversight Community Health
Services
William.Edmunds@vdh.virginia.gov

(804) 864-7942 Office

(804) 317-4193 Cell

Local DSS Adult Services/Pre-admission Screeners:

Paige McCleary

Adult Protective Services Division

Department for Aging and Rehabilitative
Services 8004 Franklin Farms Drive

Richmond, VA 23229

804-662-7605

Paige.McCleary@dars.virginia.gov

As changes occur, providers of pre-admission screening services will be kept advised via Medicaid Memorandum and Provider Manual revisions.

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a new program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-enrl.aspx to learn more.

MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00

a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at http://dmas.kepro.com.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance 1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.